

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 146

Registered No. 58

1. PLACE OF BIRTH

County Cocon

State Arizona

District or Township

or Village

City Miami

No. 606

Live oak

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guillermo Bocardo

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date  
of birth

II - 10 - 1928  
Month Day Year

8.

FATHER

Full name Genaro M Bocardo

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

10. Color or race

mexican

11. Age at last birthday 42 (Years)

12. Birthplace (city or place)

(State or country)

S. Pedro de las Colonias  
Coahuila Mex.

13. Occupation

Nature of industry

barber

14.

MOTHER

Full maiden name Lucia Rodriguez

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

16. Color or race

mexican

17. Age at last birthday 39 (Years)

18. Birthplace (city or place)

(State or country)

El Paso - Texas

19. Occupation

Nature of industry

House wife

20. Number of children of this mother 10

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead 4

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

argyrol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5 1/2 p m. on the date above stated  
(Born alive or stillborn.)

Signature

James A. Alvares M.D.

Box 9666 Miami Arizona

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Filed

Feb 15 28

19

G. E. J. J. J.

Registrar

Registrar

726-210-399